2:Ingrams G-5 (1934-35)1945 MM2 Hadhramaut MM2

the first two or three years. It has its headquarters at Mukalla and posts in most of the more important bedouin areas. Service in it is now very popular and almost all tribes are represented. Its members are trained not only as soldiers but also as settlers of disputes by pacific means. The force runs, with Mukalla Government assistance, a small military hospital which is the first hospital to have been established in the Hadhramaut and serves all the forces. To promote bedouin education and bedouin agriculture and to control locusts, it has enlisted teachers and agricultural soldiers, and they are almost all young seiyids of good family who hitherto had thought it quite unheard of to do any work. They were enlisted as ordinary soldiers and went through some military training without arms but had to do all the ordinary fatigues such as digging and road making. The teachers were given a teachers' training course and they now operate an admirable boarding school for a hundred bedouin boys; district schools have also been started at some of the outposts. The teachers have dispensary courses at Aden so that in an elementary way medical assistance and education are now available in bedouin districts. At some of these places the teachers also run grain shops for famine relief, where Government grain is sold at cost price to bedouins.

A good start had also been made with a bedouin girls' boarding school. A few bedouin women are already proving successful as nursing assistants and I hope that some of these girls will afterwards become nurses and teachers.

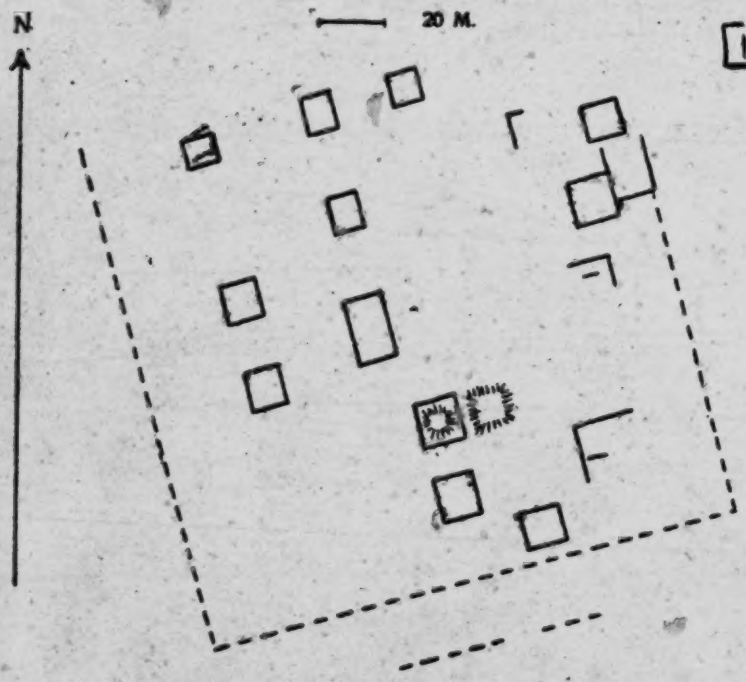
So much for the Residency organization. The object has been to help the State to become effective in its government and to make the best use it can of its resources. I have always tried to look at things from the point of view of the State only, in the way that the treaty, as explained in the Note, required. But in view of the exclusive nature of the people I have in addition always worked as if I were one of them. I have, at their request, worn their clothes: as it is illegal to possess alcohol in the Hadhramaut, my house has always been "dry" and we have, outside the privacy of our own quarters, always lived as the country lives. I am sure that it is because of working and living as a part of the people that we have been able to do as much as we have. What I have done on my own initiative has not been questioned because it has not been felt that it was done by a foreigner or for a foreign Government.

As a Christian I had at first difficulty in finding acceptance by a community which feels it almost impossible to understand even the existence of Christian Arabs. In various parts of the country the objection was always brought up that the signing of treaties providing for advisers would mean the introduction of missionaries and the building of churches. I have always told them that missionaries would not be forced on them, and I have further said that these States were recognized as Muslim Arab States and that, as a member of an Arab Muslim Government, I felt it my duty to support the State religion. Personally, although I cannot claim any particular orthodoxy in religion, I find inspiration for my work in the

24 Meulen and Wissmann T-3 (1931)1932 MM2 Hadhramaut MM2

us on the return journey, many disappointments would most certainly have been spared us.

Our help had been asked for by several sick old women and men in el-Meshhed, and we now returned there. There is much surprise when we refuse to give medicine for a *sherîfa* (the daughter of a sayyid), because we are not allowed to see the patient.



RUINS OF GHEBÛN. SOUTHERN BUILDINGS.

24:Meulen and Wissmann T-3 (1931)1932 MM2 Hadhramaut MM2

on a hill. Whilst we photograph, survey and sketch, we feel as if our narrow standing-place were swaying gently to and fro. It is unpleasant to contemplate that we are so high above the level of the ground, standing on a slender tower made of almost nothing but dried mud.

5. SMALL RUINS OUTSIDE TERĪM.

In the evening, during the family motor drive, when the el-Kāfs and their set ride in slow procession through the gardens of Terīm and the baked plains of stone that lie outside it, a hill in the midst of Wādī ᶜĒdīd is pointed out to us, which is said to have associations dating from the ᶜĀd epoch. From a certain distance an old, paved high road is clearly visible, leading to the summit of the hill, where a temple must have stood. Only loose stones with mortar between them are now to be seen on the hill; at its base there are the remains of foundations of buildings, which seem to point to a guest-house with many small rooms. For the people of Terīm these ruins have an odour of sanctity; a similar hill, close by, is used by childless women as a place of worship, where they have to perform certain nocturnal rites by means of which they hope to have children.

6. A WALK THROUGH THE TOWN.

On the following day, May 28th, we go with the doctor to see his house and clinic. This pioneer of western medical science has no easy time here; the people still cling to their own ideas as to the functions of the human body and the causes of illness. They think that there are three chief causes of sickness, namely *riyāḥ* (gasses in the blood), *burūda* (cold), and *ḥarāra* (heat). They say of foods that they make the body cold or hot, or cause or disperse flatulence. Even the men of standing talk about their ailments in this terminology

24:Meulen and Wissmann T-3 (1931)1932 MM2 Hadhramaut MM2

and our doctor has had to adapt himself temporarily to it and to fixed wishes regarding diet, in anticipation of the growth of better understanding and more trust. The result of his work as the first and only doctor in all Ḥaḍramaut is not as great as one would expect. Sayyid Abū Bakr himself is not yet sufficiently convinced of the value of western medical art to allow the never ending outlay on medicines and instruments for the expert help of the doctor. The first nurse in Terīm was an Arab from one of the African coast towns, who missed his cinema and café so much that he speedily fled from the place of banishment, to return to the towns where he could enjoy the blessings of western civilization. Thus the doctor has all the work again on his own hands.

An enormous mud building has been placed at his disposal. In it he lives, has his pharmacy, the polyclinic and the beginnings of an operating-room. Further, one of the young el-Kāfs, who was assistant to an Egyptian dentist who formerly worked here for some months, has a room where, equipped with modern instruments, he practises dentistry.

According to the doctor, Ḥaḍramaut seems to be a healthy country. Among the lower classes there is, however, a good deal of eye disease, and it is also true that malaria makes its appearance in the autumn. What will be the eventual outcome of this beginning of medical help will depend on the tact and devotion and staying-power of the young doctor.

After this we go with the doctor on a walking tour to see the sights of the town of Terīm. First of all, naturally, we visit the remains of old Terīm, on the borders of the residential area of the town; it consists of a bare low hill on whose top stand the ruins of the once great and mighty castle. There are always wells for drinking-water in castles of this kind. These wells are very deep as they are in the inner courtyard of the castles and are, consequently, dug from the summit of the hill. From this ruined castle one had a good view over Terīm so rich in mosques, palaces and ... graves. The popular report in Ḥaḍramaut is that the town possesses 360 mos-

7: Gt. Brit., Colonial Office G-3 (1949-50) 1951 MM1 Aden
Hadhramaut mm2

871 under the auspices of the British Council. At the end of 1950 five Hadhrami students at Bin Khaldun School in Syria gained the first five places in the final class results for the year.

Twenty-two Qu'aiti pupils are now studying outside the Hadhramaut, nine being in the Sudan, five in Syria, four in Egypt and four in Iraq. The scholars in the Sudan are being financed by the Qu'aiti Government, while the remainder are being paid for from the Mukalla Charitable Fund. There are seven Kathiri students abroad, two being in Iraq, and five in Syria. Two of these students are being financed by their parents, while the rest are supported by the Tarim Brotherhood.

HEALTH

Western Aden Protectorate

744 Two outstanding developments have characterised the growth of the Protectorate Medical Service in 1949 and 1950. First, the ten most promising dressers were called in from their tribes in the mountains, deserts, valleys and coasts of the Protectorate for a year's course in curative and preventive medicine at the Keith Falconer Hospital, Sheikh Othman. Secondly, the first major malaria control scheme has been successfully undertaken at Abyan. This area which was once a death-trap due to malaria is now virtually rid of the anopheline mosquito. This enterprise was financed by a grant under the Colonial Development and Welfare Act in 1949 and has subsequently been carried on by local funds.

Major tours were made to the Dhala', Dathina and Beihan areas besides the usual routine visits to the twenty dispensaries.

164 Malaria, dysentery, tuberculosis and malignant malnutrition with its
743 associated conditions remain the most prevalent diseases. Trachoma
is very prevalent at the desert end of Beihan. There is very wide scope
● 758 for nurses and lady doctors who can stand the rigours of the road, who will learn Arabic and who will take to heart the welfare of the women and children. On the whole the dressers are doing a good piece of work amongst their own tribes. There are six dispensaries between 3,000 and 5,000 feet up, three dispensaries in the mountains at 7,000 ft. or more—two of which are reached on foot and one by air—and the rest are in Subeihi, the Wadi Tiban, Abyan and the coast.

Many patients come too late for treatment, but after one has seen the difficulties of the roads it is astonishing that so many of them come at all, and it is for this reason that the dressers visit the villages from their dispensaries and the medical officer and nursing sister visit all areas as much as possible.

744 Recently a visit was made to Mukalla and Sai'un to advise about public health work, but the demands of the Western Aden Protectorate are so great and the staff so small for its needs that there is little time left for the Eastern Aden Protectorate.

In 1949 when the Protectorate Medical Officer was on leave, Dr. R. B. Smith, of the Keith Falconer Scottish Mission Hospital, acted in an honorary but full-time capacity.

ADEN MMI
HADHRAMAUT MMI

Colonial government. Five physicians were working in the eastern protectorate; one in the western.

Dentists. In 1950, there were 3 dentists in Aden, one of whom was employed on the government's school health program.

DISEASES

The statistics compiled from the reports of cases of illness and death in the Colony are apt to give an erroneous impression of the health status of the local inhabitants, since a considerable proportion of the cases treated in hospitals and dispensaries are immigrants from Yemen or the Protectorate. Large numbers enter the Colony each year as transient laborers or traders, while others seek medical attention which is nonexistent in their home communities. The majority are undernourished and live in miserable, crowded quarters under conditions which facilitate the spread of infection. Morbidity and fatality rates in the immigrant population are abnormally high, and affect adversely the health statistics of the Colony as a whole. In the absence of adequate laboratory facilities, the diagnosis of many diseases is necessarily provisional, and the differentiation of various types of infection is seldom made. Moreover, from 10 to 15 per cent of the deaths are usually recorded under the heading "other fevers."

The health facilities in the Protectorate are of recent origin, and although dispensaries have been established in increasing numbers within the last two decades, they are elementary and serve only a small fraction of the population. The meager information derived from the reports of a few medical observers who have toured sections of the interior and from records of admissions to the hospitals in Aden permits scarcely more than rough generalizations as to the prevalence and the distribution of specific diseases among the peoples of the Protectorate. The diseases of primary concern in this area are malaria, tuberculosis, dysentery and eye and skin infections, all